

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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43		/				
44		/				
45		/				
46		/				
47		/				
48	/					
49		/				
50		/				
TOTAL IND.	3					
TOTAL DEP.	97					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/	/	/		
56		/	/	/		
57		/	/	/		
58		/		/		
59	/			/		
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90		/		/		
91	/		/	/		
92	/			/		
93		/		/		
94	/			/		
95		/		/		
96		/		/		
97	/			/		
98	/			/		
99		/		/		
100		/		/		
TOTAL IND.	12		8			
TOTAL DEP.	38		32			
TOTAL CLAIMS	50		45			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS